West Virginia Board of Medicine
Medical Professional Liability
Claim Report

Pursuant to W. Va. Code §30-3-14(b), please submit the following information within thirty days from any judgment or settlement of a medical professional liability claim. Please be advised that Information provided to the Board is subject to public disclosure.

Reporting Entity

Name of Insurer_____

Insurance File Number_____

Person Submitting Report_____

Telephone Number_____

Practitioner Information

Practitioner's Name _____
Last First Middle

License Number_____ Practitioner is _____M.D. _____P.A.-C _____D.P.M.

Information Reported

Nature and Substance of Allegations_____

_____

Date of Loss_____

Adjudicating Body_____ Case No. _____

Date of Settlement_____ **OR** Date of Judgment_____

Amount for this practitioner _____ Amount for this practitioner _____

Has an appeal been filed? _____Yes _____No

If yes, who appealed? _____

Return To: **West Virginia Board of Medicine**
101 Dee Drive, Suite 103
Charleston, West Virginia 25311
Telephone: (304) 558-2921
Facsimile: (304) 558-2084